

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name CRAIG BRASFIELD
 Full Address 518 BERCON COVE, BRANDON, MS 39047
 Telephone (601) 601-960-8612 Fax 601-973-8893
 Contact Name CRAIG BRASFIELD Email craig@fpwk.com
 Office Sought CIRCUIT JUDGE DISTRICT 20 Political Party N/A

RECEIVED

MAY 06 2010

Campaign Finance
Secretary of State

DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ + \$	\$	\$
Total amount of disbursements	\$ 6836.13 + \$	\$	\$ 6836.13
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

CRAIG BRASFIELD

Reporting period

1/1/2009

through

12/31/2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>U.S. NETWORK</u>	<u>9/4/09</u>	\$ <u>2,287.¹³</u>
Mailing Address		
<u>6360 I-55 NORTH, 3RD FLOOR</u>	<u>10/1/09</u>	\$ <u>49.⁰⁰</u>
City, State, Zip Code		
<u>JACKSON, MS 39211</u>	Aggregate Year-to-date	\$ <u>2,336.¹³</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CAPSTONE</u>	<u>9/28/09</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address		
<u>P.O. Box 2096</u>	<u>12/22/09</u>	\$ <u>1,000.⁰⁰</u>
City, State, Zip Code		
<u>JACKSON MS 39225</u>	Aggregate Year-to-date	\$ <u>2,000.⁰⁰</u>
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CAROL STERN</u>	<u>10/23/09</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address		
<u>118 WATERWOOD DR</u>	<u>12/22/09</u>	\$ <u>1,000.⁰⁰</u>
City, State, Zip Code		
<u>BRANDON, MS 39047</u>	Aggregate Year-to-date	\$ <u>2,000.⁰⁰</u>
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GIL FORD PHOTOGRAPHY</u>	<u>12/31/09</u>	\$ <u>500.⁰⁰</u>
Mailing Address		
<u>1048 GREYMONT AVE.</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
<u>JACKSON, MS 39202</u>	Aggregate Year-to-date	\$ <u>500.⁰⁰</u>
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		